2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 19, 2008
Secretary of State

DOCUMENT# P07000114447

Entity Name: PAIN RELIEF REHAB MEDICAL CENTER, CORP.

Current Principal Place of Business:

4747 W WATERS AVE APT 504
TAMPA, FL 33614

New Principal Place of Business:

3750 W 16 AVENUE
STE: 208
HIALEAH, FL 33012

Current Mailing Address:

4747 W WATERS AVE APT 504
TAMPA, FL 33614

New Mailing Address:

3750 W 16 AVENUE
STE: 208
HIALEAH, FL 33012

FEI Number: 26-1259118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EERSTELING, BELKIS T
4747 W WATERS AVE APT 504
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CABALLERO, AYMEE
3750 W 16 AVENUE
STE: 208
HIALEAH, FL 33012 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: AYMEE CABALLERO 06/19/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EERSTELING, BELKIS T
Address: 4747 W WATERS AVE APT 504
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Delete
Name: PINZON, EULOGIA
Address: 4747 W WATERS AVE APT 504
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: CABALLERO, AYMEE
Address: 3750 W 16 AVENUE STE: 208
City-St-Zip: HIALEAH, FL 33012

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AYMEE CABALLERO P/D 06/19/2008
Electronic Signature of Signing Officer or Director Date